

TRADING PARTNER TESTING VERIFICATION

INSTRUCTIONS: Type or print clearly. Refer to the Trading Partner Testing Verification Completion Instructions, HCF 10377A (Rev. 08/04), for more information.

SECTION I — TRADING PARTNER INFORMATION

Name — Trading Partner	Trading Partner Identification Number
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SECTION II — TESTING VERIFICATION CHECKLIST

Indicate that the trading partner has completed the following testing requirements by placing a check in the associated box.

PES Trading Partner	All Other Trading Partners	Testing Requirement
<input type="checkbox"/>	<input type="checkbox"/>	Completed Trading Partner Profile form and received trading partner identification number.
N/A	<input type="checkbox"/>	Completed EDI pre-testing at http://wiedi.communedi.com .
<input type="checkbox"/>	<input type="checkbox"/>	Completed EDI user registration at www.wisconsinedi.org .
<input type="checkbox"/>	<input type="checkbox"/>	Connected and exchanged applicable transactions:
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">X12 270/271 Health Care Eligibility Benefit Inquiry/Response.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">X12 837 Health Care Claim: Dental.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">X12 837 Health Care Claim: Institutional.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">X12 837 Health Care Claim: Professional.
N/A	<input type="checkbox"/>	<ul style="list-style-type: none">X12 TA1 Interchange Acknowledgment.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">X12 997 Functional Acknowledgment.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none">X12 835 Health Care Claim Payment/Advice.

SECTION III — INDIVIDUAL COMPLETING FORM

Name — Individual Completing Form	Telephone Number — Individual Completing Form
Fax Number — Individual Completing Form	E-mail Address — Individual Completing Form
SIGNATURE — Individual Completing Form	
Date Signed	

SECTION IV — OFFICE USE ONLY (Do not write below this line)

Date Received	Date Processed	Return Reason	Initials
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